

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service (DOS) 02/07/02?
- b. The request was received on 06/12/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
1. Respondent, Exhibit II:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/11/02. The Requestor did not respond per Rule 133.307 (g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The Respondent's 3-day response is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: none submitted
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 02/07/02.
2. The carrier's EOBs have the denial, "N – ANESTHESIA PROVIDED FOR A SURFACE PROCEDURE WILL BE REIMBURSED FOR UNITS BASED ON TIME, PHYSICAL STATUS AND QUALIFYING CIRCUMSTANCES."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
02/07/02	01620	\$630.00 (7 units)	\$120.00	N	\$40.00 per unit	MFG, AGR (I)(A) CPT descriptor;	The Anesthesia Ground Rules do not make a distinction between types of anesthesia. The surgical procedure dictates the proper coding and reimbursement for anesthesia. Therefore, additional reimbursement of \$160.00 is recommended.
Totals		\$630.00	\$120.00				The Requestor is entitled to reimbursement of \$160.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$160.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13th day of November 2002

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division